

At birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Globe
Town of _____
or _____
City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199
County Registrar No. 102
Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pelia Tapia { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth June 28 1928
Month Day Year

FATHER		MOTHER	
8. Full name	<u>Jesus Tapia</u>	14. Full maiden name	<u>Pablo Gutierrez</u>
9. Residence (Usual place of abode)	<u>Globe, Ariz.</u>	15. Residence (Usual place of abode)	<u>Globe, Ariz.</u>
10. Color or race	<u>Mex.</u>	16. Color or race	<u>Mex.</u>
11. Age at last birthday	<u>42</u> (Years)	17. Age at last birthday	<u>28</u> (Years)
12. Birthplace (city or place)	<u>Sanora, Mexico</u>	18. Birthplace (city or place)	<u>Chilauhan, Mex.</u>
13. Occupation	<u>Painter</u>	19. Occupation	<u>housewife</u>

20. Number of children of this mother { (a) Born alive and now living 6
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 P. m. on the date above stated
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Paul J. [illegible] (Physician or midwife).
Address Globe, Ariz.

Given name added from a supplemental report. _____
Month, day, year

Filed 7/9, 1928 SE Wylburn Local Registrar.
Registrar _____ Filed _____, 19____ County Registrar.

331-628-717